

# THE MEDICAL AND SURGICAL REPORTER.

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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### A NEW DISEASE OF THE NASAL CHAMBERS NOT NOTICED BY PROF. HARRISON ALLEN.

BY W. STUMP FORWOOD, M. D.,  
Of Darlington, Md.

As sentinels upon the watch-towers of the profession, it becomes the duty of every member thereof to give warning of the approach of error, in whatever guise it may appear, and to be especially watchful when it presents itself in the robes of high authority.

Within the last ten years two new causes of disease have been introduced into this—Harford—county, by new industries, established within the decade. One of the diseases referred to results from operating in *flint mills*, where the flint-stone or rock is reduced to a fine powder, which is used in the manufacture of porcelain ware, the ordinary table ware. The operatives exposed to the inhalation of the flint dust in these mills for a length of time, die of a pulmonary disease similar to, and might very readily be mistaken for, pulmonary consumption. We made a brief report of this very fatal disease in the columns of the MEDICAL AND SURGICAL REPORTER, some five or six years ago—the date not now remembered.

The object of the present article is to note a disease which is produced in the operatives who are connected with a particular department of the *canning* industry. We refer to the canning of fruits and vegetables, which industry is more extensively carried on in Harford county, Md., where dozens of establishments are in active op-

eration, which prepare millions of cans annually for the markets of the world, than, we are informed, in all other parts of the United States combined. These goods are put up in tin cans, varying in capacity from two to three pounds, corn being usually put up in two-pound cans, and tomatoes in three-pound cans. A considerable number of hands are required to be employed in the various processes of canning. The cans containing the fruits before they are immersed in a cauldron of boiling water, are hermetically sealed by the "capper" with solder. *Muriatic acid* is used with the soldering material, and when the hot iron is applied, the fumes arise to the "capper's" face and *nostrils*. This is the source of disease, and, so far as we are aware, is a cause that has not been noted in medical literature. Certainly it is a cause that is unknown to so high an authority as Dr. Harrison Allen, Professor of Physiology in the University of Pennsylvania. In an instructive paper by Dr. Allen, entitled "*Abscess, Ulceration, and Necrosis, as met with in the Nasal Chambers*," recently—May 26, 1883—published in the MEDICAL AND SURGICAL REPORTER, he states unqualifiedly, in speaking of the causes of perforation of the *septum nasi*, after excluding the congenital openings, saying: "The acquired perforations are always syphilitic, and co-exist with other signs and symptoms of this disease." Vol. xlviii. p. 575.

I feel sure that no one will be more gratified than Dr. Allen himself in having a statement of facts that will contradict this sweeping assertion; a statement that will protect some innocent individuals from the charge of contamination with so dreadful a "disorder."

The constant inhalation of the fumes of muriatic acid, associated, as they are, with the lead solder, which the busy capper neglects to protect himself against, soon produces inflammation of the mucous membrane of the nose, which finally results in ulceration. With some patients, after the removal of the cause, and the application of proper treatment, recovery takes place after two or three months; but with those who have a scrofulous taint in their constitutions, this ulceration is exceedingly intractable; and in spite of all treatment proceeds for months, and even years, until the septum is finally perforated. And, strange to say, it is the common experience of those who have suffered, that as soon as perforation takes place, all the soreness and consequent annoyance disappears without treatment, and the patient recovers—with, of course, a permanent opening in the nasal septum.

There are several of such cases now in this vicinity, which present positive evidence that ulcerated perforations of the septum nasi may exist in individuals who have never suffered with syphilitic disease, either from personal exposure or inheritance.

The finger-ends and finger-nails are often chronically injured in those who work with the muriatic acid and solder. The matrix of the nail becomes diseased in the manner of an intractable "run-around," as it is commonly called; and this condition will often resist all treatment for months.

It is evidently the poison by the lead which maintains the ulcerations produced by the more active irritant, muriatic acid.

This irritation of the nasal passages that the cappers suffer with, is often the result of carelessness and ignorance. By the exercise of a little care in keeping to the windward of the fumes, and by anointing the nose thoroughly, internally and externally, several times daily during exposure, with mutton tallow, or other oleaginous substance, the irritations spoken of, and the consequent perforations, may be avoided.

## MEDICAL SOCIETIES.

### **PATHOLOGICAL SOCIETY OF PHILADELPHIA.**

Thursday evening, May 10, 1883.

Vice-President F. P. Henry in the chair.

#### **Tympanic Caries Producing Sub-dural Abscess, Opening into Lateral Sinus.**

Nell D., aged 18, was admitted into Prof. Agnew's ward in the Pennsylvania Hospital, with the following history: When he was five years of

age he had measles, and since that time he has had suppuration of the right middle ear. It discharged at intervals. Two weeks previous to admission he had acute pain in his right ear, and a week later it began discharging. He had severe headache ever since he was first attacked. The pain was situated principally towards the front, but existed also towards the sides of the head. The discharge was profuse and offensive. He was emaciated, his face was haggard, pale, with a slightly yellowish tinge, he had an anxious expression of countenance, and altogether looked very bad. His mother says that this change occurred entirely in the two weeks prior to admission. The ear was cleansed, and astringents applied; the discharge ceased in about six days. Bromide of potash failed to relieve the headache, but morphia hypodermically gave temporary relief. He held his neck stiff, with the head slightly drawn back. This increased as the disease progressed. He had nausea, and later vomited large quantities of greenish-black fluid. Three days after entrance, the pains extended down the spine and into the legs, and to the under side of his arms. On the fifth day after his admission, the headache and pains in the lower extremities were very severe. The discharge had almost ceased. His temperature rose to 102.5°. An ice cap afforded no relief. On the eighth day he died.

	TEMPERATURE.		PULSE.	
	Morn-ing.	Even-ing.	Morn-ing.	Even-ing.
Day of entrance,	9—100°	103°	62	86
"	10—101.5°	101.5°	70	96
"	11— 98.5°	102.4°	66	80
"	12— 99.5°	100.8°	68	84
"	13—102°	102.5°	84	88
"	14—102°	105.4°	100	102
"	15—103.5°	102.5°	106	104
"	16—101.6°	102°	136	114
"	17— 99°	100°	112	108

His bowels moved regularly; they were not constipated.

Post mortem examination made twenty hours after death. Skull was very thin at all points. Dura mater apparently normal. Marked congestion of the arachnoid and pia mater, more so on the right side. No evidences of thickening or other disease. Brain normal. No excessive cerebro-spinal fluid.

*Region of Right Ear.*—Beneath the dura mater, covering the petrous portion of right temporal bone over the middle and interior ear, there was an abscess about an inch long. It communicated by a small opening with the tympanum. At its opposite extremity it opened into the lateral sinus. This was filled with pus from the point of opening to within two inches of the torcular herophili. These two inches were filled with a soft black clot. Below the point of opening to the jugular foramen, there was thick pus and a partly decolorized clot, much firmer than the one extending in the direction of the torcular herophili.

*Remarks.*—The congestion was active, not passive. It was most marked on the surface of the brain. The large veins were not distended, and there was consequently no excess of fluid.

The patient's mind was clear to the last. The

most marked feature of the case was the emaciation, which was very rapid. An interesting point in connection with the case is the cause of death. It seems to have been due to the entrance of pus into the circulation. In other words, it was probably a case of true pyæmia. He had two marked symptoms of pyæmia, the sallow countenance and the rapid emaciation; besides these he had the vomiting. He never had the slightest chill or the sudden rise and fall of temperature, both so marked in cases of pyæmia. Sweet breath and any external abscesses or lung affection were also absent. I was unable to examine the other organs.

**Specimens (Lungs, Heart, and Kidneys,) from a case of Bright's Disease.**

By Frederick P. Henry, M. D.

The organs upon the table were taken from a typical case of chronic parenchymatous nephritis. The kidneys are slightly enlarged, extremely pale, with marked arborescent vascularity of the surface, and with non-adherent capsules. In fact, they represent one of those instances in which the gross appearance suffices for diagnosis. The heart is slightly enlarged, its left ventricle dilated, its walls fatty and its valves competent. This heart gave rise to no murmur, strictly so-called, but did produce in typical degrees the sound called by Bouillaud and Potain the *bruit de galop*. Potain considers this sound to be diagnostic of interstitial nephritis; but, for my part, I have invariably encountered it in cases of Bright's disease in which the parenchymatous affection was predominant. The lungs are congested and oedematous throughout. The pleura is greatly thickened on both sides and the pleural cavities abolished, with the exception of the diaphragmatic portion of the right side, which contains a small amount of fluid in the shape of a number of serum-containing loculi. The cause of death was oedema of the lung, and the interesting question arises as to whether oedema of the lungs, which is so common an event in cases of Bright's disease, may not be favored by the obliteration of the pleural cavity also commonly present in these cases; or, in other words, and conversely, whether the pleural cavity may not serve as an outlet for effusions which, but for its presence, would infiltrate the lung parenchyma.

Although my attention has not been especially directed to the point which I have just raised, and therefore I have no cases other than that just reported to bring forward in its support, I think I can state, in general terms, that before oedema of the lungs occurs, in cases with open pleural cavity, that cavity contains a considerable quantity of fluid. That is to say, that its capacity to act as a drain to the lung tissue is exhausted, and it does not at all follow that, for this result to be produced, the pleural sac should be distended with fluid. In fact, it would seem that a moderate amount of fluid in the pleural sac may be sufficient to exhaust this conservative power, and this amount varies with the state of the pulmonary circulation. The view just advanced is in complete harmony with what we know of the physiological function of lymph spaces, among which the large serous sacs are reckoned. The last volume of our *Transactions* (Vol. X.) contains a paper

upon pleural effusions in which I argued at considerable length that any cause which interfered with a proper expansion of the thorax would lead to congestion of the pulmonary capillaries, thereby favoring pleural effusion. The results of capillary congestion vary in different systemic conditions. In Bright's disease, owing to the altered state of the blood, the result is oedema, that is, a serous infiltration of lymph spaces. Effusion into the serous investment of organs, such as the lungs and heart, is conservative, so far as concerns the parenchyma of these organs. The practical result of these considerations is that oedema of the lung, in cases of Bright's disease, is favored by pleuritic adhesion, and secondly, that oedema of the lung may perhaps be averted by the timely performance of paracentesis.

**Myxomatous Tumor of the Subcutaneous Cellular Tissue of the Chest.**

Presented by Dr. MacConnell.

The specimen was removed by Dr. Allis at the Jefferson Hospital clinic one week ago. The patient was a man aged 63 years, who stated that six years ago he had been struck on the side of the chest by a box, at a spot corresponding to the site of the tumor. The growth commenced shortly after this traumatism, and at the time of the operation was of the size of a pecan nut. The microscopical appearances were somewhat the same as those presented by the specimen presented for him by Dr. Nancrede, in December, 1882. The present specimen very beautifully illustrates the transitional stages of the fetal development of blood-vessels, such as budding, etc. Abundant yellow elastic tissue is also seen. The cells are but faintly stained with picro-carmin, owing to the highly refractive substance of the growth (mucin), rendering the coloring of the nucleus indistinct. Dr. MacConnell thought that the apparent rarity of similar growths was due to the use of alcohol for hardening purposes. If such a reagent be used, only the appearance of a young connective tissue growth will be detected.

**The Green Box.**

In his address at the recent meeting of the American Medical Association, Dr. John L. Atlee said:

Many of the elderly gentlemen present to-day must have heard of the much dreaded "green box." During the time of Drs. Rush and Barton, it was reported that favoritism was shown to their respective students, and the same was said of the students of Drs. Chapman and Dorsey. To obviate this, or the appearance of it, a large green screen was placed across one corner of the room, having a door behind it, through which the candidate entered, and here underwent his examination, unknown to any one but the dean of the faculty. This mode of examination was adhered to until after the death of Dr. Dorsey, when it was optional with the student to go into the green box or present himself openly before the faculty. Some ten or twelve candidates had such a terror of the green box, that they went to New York, where they obtained the degree of M. D., by undergoing an examination and paying the graduating fee.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

## Chloroma.

The *Lancet*, April 21, 1883, says:

Nearly fifty years ago Billroth is said to have described a form of malignant growth distinguished by a green discoloration, whence we derive the name of chloroma or "green cancer" (Billroth). There can be no question that the disease is of rare occurrence. In 1878, Huber (*Archiv. der Heilkunde*, xix.) was able to collect only seven examples. The tumors are not cancerous in the modern sense of the term, and so may best be described as chloro-sarcomata, or more simply, chloromata. Such tumors have been met with in connection with bones (e. g., the skull), but perhaps the chief centres of the lymphoid tissue of the body are the seats *par excellence* of tumors of a green color, this anatomical system having become involved in a secondary manner, or even having been the primary seat of disease. As an apparent example of this, we shall describe the main features of an interesting case recorded in Virchow's *Archiv.* for January, by Louis Waldstein. A man, aged forty-four years, by occupation a laborer, suffered from a short attack of "ague" many years before the commencement of his present illness. Without any assignable cause the symptoms of marked progressive anemia set in rather suddenly. Satisfactory collateral evidence of the nature of the disease was not forthcoming; the urine, however, was noted to be of a green color, and there was rather high persistent fever. On the twenty-fifth day of the illness, the patient complained of pain on percussion of the sternum, and later also of some of the ribs. Gradual enlargement of the spleen and liver was detected by the ordinary methods. A great increase in the number of the white cells of the blood was first observed on the forty-first day of the illness; repeated observations negatived the existence of leucocythemia before that date. Death followed in three days, on the forty-fourth day of the malady. At the post-mortem examination the mediastinal glands were found to be much enlarged, and colored green; the retro-peritoneal glands, and those of the portal fissure were also stained green. Although there were plugs of leucocytes in the hepatic capillaries, distinct areas of hyperplasia of the lymphatic tissues of the liver were not observed. It will be remembered that some investigators regard the white areas in the kidneys and liver of cases of leucocythemia as extravasations from the blood-vessels. The spleen was enlarged, the Malpighian corpuscles being much overgrown. The medulla of the bones was red, and in many places of a greenish hue. Wherever the chlorotic tint was seen, the microscope revealed either a diffuse "coloration," or the pigment existed in granules in the protoplasm of the cellular elements. The green tint has been severally described as apple-green, grey-green, grass-green.

The results of chemical analysis have been by no means satisfactory. Huber thought the pigment was that of a fatty body, Balfour regarded it as biliverdin, Dressler suggested its identity with the coloring matter of greenish pus, whilst Ditttrich has advanced the notion of its dependence on putrefaction. Waldstein is inclined to believe the colored pigment was derived from the coloring matter of the blood, and he points to its general presence in the morbid tissues, and to its passage with the urine as favoring his view. It is not at all improbable that every form of pigment occurring in the human body may ultimately be traced to one original source—viz., hæmoglobin.

## The Radical Cure of Hay Asthma.

Dr. John O. Roe contributes an article on this subject to the *N. Y. Med. Jour.*, May 19, 1883, in which he reaches the following conclusions:

1. That hay fever is an affection not confined to age, sex, or condition in life.
  2. That it is excited by the pollen of flowers or grasses, dust, or other irritating substances floating in the atmosphere, which are brought, by inhalation, in contact with the nasal and bronchial mucous membrane.
  3. That the nasal mucous membrane in certain individuals is very susceptible to the irritating effect of these substances, while in others it is not.
  4. That this hyperæsthesia is associated with or occasioned by a diseased condition, either latent or active, of the naso-pharyngeal mucous membrane, and with an hypertrophied condition of the vascular tissue covering the turbinated bones and the lower portion of the septum.
  5. That the systemic disturbances, such as asthma, etc., are the effect of the local irritation of this diseased tissue in the nasal passages, which is reflected to the larynx, bronchi, and lungs, causing in them a fluctuatory hyperæmia, produced through the correlating function of the sympathetic ganglia connecting these different regions.
  6. That the treatment during the attack can only be palliative, such as to soothe the inflamed parts and to quiet the systemic disturbance which may be occasioned.
  7. That in most cases the only effective relief during the attack consists in going to a seaport or mountainous region, or to any locality where the air is free from the substance which produces the irritation.
  8. That curative measures can only be adopted when the individual is free from the attack.
  9. That the removal of the diseased tissue in the nasal passages removes the susceptibility of the individual to future attacks of hay fever.
- For the removal of this tissue, Jarvis' snare is the most efficient means of removing that at the posterior end of the turbinated bone, while that covering the middle and anterior portion is most reliably removed by the galvano-cautery.



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With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

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**ANOTHER VOLUME.**

This issue completes another volume of the MEDICAL AND SURGICAL REPORTER, and adds another six months to our already ripe age.

During our almost unequalled lengthy career as a medical journal, numerous younger brethren have been born into the world of medical literature, to all of whom we have and do extend the fraternal hand of good fellowship.

With age, we trust we have gained experience, and realizing that the *practical* doctor wants a *practical* journal—one that will aid him to recognize and cure disease—we have endeavored to furnish such; how we have succeeded, we leave for our subscribers to decide.

During the past six months our pages have contained 83 Original Communications, 33 Hospital Reports, 59 Society Meetings, 171 articles in the department of Periscope, 120 Editorials, 441 Notes and Comments, 51 Correspondence, to say nothing of a large and varied assortment of interesting *News and Items*.

To furnish still more of practical value shall be our constant endeavor in the future, and we shall aim so that any one who subscribes to the REPORTER and the *Quarterly Compendium*, will learn of everything of interest in the medical world.

Through the columns of these two journals all operations of any importance will be recorded, so that complete statistics can be made up from our pages.

Without going into details, we will simply repeat, that it is our intention to carefully peruse our enormous exchange list, and culling therefrom the practically valuable points, serve them up to our readers, well dressed and ready for immediate use. Our original department speaks for itself.

We will make the REPORTER in the future, as it has been in the past, the journal for the busy practitioner.

**SANITARY ASSURANCE.**

An organization has been recently formed in England for the purpose of examining into the sanitary condition of all houses offered for rent.

The great benefits of such an organization to

the large masses who do not own their dwellings must be immediately manifest, and the protection to life thus offered at a small cost is incalculable.

Commenting on this organization, Dr. Norman Chevers, comparing the sanitary condition of ancient Rome and modern London, referred to his experience in Calcutta, and urged that the sanitary condition of all large towns was such that no householder should be satisfied without the assurance of some competent authority that his dwelling, whether a palace or a cottage, was free from drain contaminations. He expressed an opinion that consumption was hereditary principally because successive generations neglected to remedy the sanitary defects from which their forefathers suffered.

#### VALUE OF EARLY OPERATIONS IN MORBID GROWTHS.

In. Vol. XLVI., March 4, 1882, p. 243, we called attention to what Mr. Jonathan Hutchinson so aptly calls the "Pre-cancerous Stage of Cancer," and noted that he strongly advises early operation in all cases of suspicious tumors. Now, our distinguished Prof. S. D. Gross, in a paper read before the American Surgical Association, practically recommends the same thing. He seems to recognize a stage of malignant neoplasms in which there is, so to speak, an absence of malignity; and if we seize this early period to operate, we can do so with good hopes for non-recurrence.

Again, even though the morbid growth may be benign, yet at some future time its removal will be indicated when its growth has made its retention inconvenient.

It would seem, then, to be in accord with the teachings of good surgery, to perform early operations for the removal of all morbid growths, whether malignant or benign, unless some positive contra-indications exist.

#### CAMELS IN WAR.

Some curious experiments were recently made in the Zoological Park of Hagenbuch, at Hambourg. It was thought possible to use camels for

the transport of the wounded in the German army, and these experiments were instituted to decide the question.

A simple receptacle in wood covered with canvas was so constructed that it could be used with the ordinary camel or with the dromedary.

In case of urgency, a similar apparatus could be rapidly devised with muskets and the soldiers' overcoats.

The experiments gave excellent results; each animal could carry from two to four men, and, if necessary, an apparatus carried between two camels could be used.

#### FOREIGN CHARLATANS.

We are acquainted here in France (*Gazette Hebdomadaire*) with the American quack, high in color, loud in voice, noisy and impudent; with the Spanish charlatan, mystic, sombre, the crucifix in hand, always ready in prayer; with the paternal Dutch impostor, writing his consultations with a flask of urine in hand, as in the famous "Dropsical Woman" of Gerard Dow. But the German charlatan is of a different species; he is surrounded with piles and electric apparatus; he is a professor of occult physical science, who cures with the same spark pulmonary tuberculosis and cerebral debility. He is a professor, a distinguished lecturer, the apostle of a newly-discovered art. The Medical Society of Leipsic are about to take measures against two such individuals, one an ex-carpet-worker, now director of an electro-therapeutic establishment, and another, Hindorf, a professor of natural medicine.

#### NOTES AND COMMENTS.

##### Paraldehyde.

Dr. John Brown (*Brit. Med. Jour.*, May 19, 1883,) says that the hypnotic dose is from thirty to fifty minims. It does not produce headache, constipation, nor stomach derangement. Paraldehyde in some cases causes a peculiar burning taste in the mouth the following morning. The breath smells of the drug for several hours after waking. It is probable that nearly all the drug is got rid of by the lungs in the same way as it is taken. Paral-

dehyde is not much, if anything, superior to chloral. It costs \$1.25 per ounce; chloral, 12 cents per ounce; besides which, it requires a larger quantity of the former, so that it is about sixteen times as dear as chloral. Therefore it is not likely to come into general use. Being so insoluble in water, it makes rather a large draught, which is objectionable.

#### Unusual Tumor of the Breast.

Before the Cambridge Medical Society (*British Medical Journal*, May 19, 1883), Mr. Sheild showed a specimen of malignant tumor removed from the breast of a girl, aged 14, by Professor Humphry. The history could not be obtained, but it was probably of rapid formation. Under the microscope, it showed the characteristics of spindle-celled sarcoma. Such tumors were very rare at that age, and, from their soft brain-like consistence, might give one the idea of a collection of fluid; rapid recurrence was to be expected. The wound was kept open and made to heal by granulation, in the hope that suppuration might get rid of any sarcomatous cells that might remain about the base of the tumor.

#### On Transplantation of Skin-flaps from Distant Parts without Pedicle.

Dr. J. R. Wolfe removes all the cellular tissue from the lower surface of a skin flap, and then plants it where he desires, and it takes root and grows fast. By this simple procedure we can (he claims) do away with the inconvenient method of allowing the flap to remain attached to its original site until it has grown fast in its new home. In the *Practitioner* for May, 1883, he reports good success, and claims for himself priority in recommending this modification.

#### Malarial Pseudo-Epilepsy.

In the *Med. Times*, May 19, 1883, Dr. H. C. Wood relates a case of attacks of convulsions and unconsciousness somewhat resembling, though in many respects differing from, epileptic seizures. The patient had been subjected to malarial influences, and had unavailingly consumed large quantities of quinine. He was given twenty-five grains of quinine daily, tincture of the chloride of iron and arsenic with chloral at night, under which treatment he rapidly recovered.

#### Hæmatinuria.

Urine with a red, port-wine color, acid reaction, sp. gr. 1030, lots of albumen, but no blood cor-

puseles, were the obvious signs presented to Dr. Wm. H. Sutton (*Medical Herald*) in the case of a boy who had had chills and fever for months. Vomiting, anemia, temperature 100.5°, and pulse 138, completed the symptoms. Iron and gallic acid, followed by pepsin, morphia, and bismuth, gradually controlled the symptoms, and the boy made a recovery.

#### Malaria in Flower-pots.

Tending to corroborate the idea that malaria is caused by any vegetable decomposition is the case reported by Dr. Eichwald, of St. Petersburg, of a lady who lived constantly in a room filled with flowers in pots, and who thus acquired an intermittent fever with symptoms of true malaria.

#### Is the Spleen Necessary for Life?

Prof. Schuethauer, of Pesth, reports in the *St. Petersburg Med. Woc.* the post mortem upon a woman, aged seventy, where no spleen was found. The organ had not been destroyed by disease, but had never been present.

### NEWS AND MISCELLANY.

#### The Medical Society of Washington Territory.

This society held its eleventh annual meeting in Seattle, June the 8th. At 10 a. m., the president called the meeting to order, and after the reading of the minutes of the previous meeting, the society listened to a most interesting report by the Secretary, Dr. C. H. Merrick, in which he reviewed the good already done by the society since its organization, and pointed out much that as yet remains to be accomplished. He showed that there were now about ninety regular physicians practicing in the Territory, and that the relative proportion of quacks was fast diminishing since the new act to regulate the practice of medicine has been in force. He also pointed out the need of both a Territorial and local Board of Health. The following physicians were then elected to membership:

Drs. A. J. Beach, J. C. Sundberg, Mary Brown, S. Whittemore and J. S. M. Smart.

Dr. Sundberg next read a paper on "The Hygienic Care of the Eye," and Dr. Weed read an interesting report on a case of "Diaphragmatic Hernia." A communication from the Eastern Washington Medical Society was read and referred to a committee. Means to raise the status of the medical profession throughout the Territory were discussed, and committees were appointed to carry out the various plans by which this could be accomplished.

The following were the officers elected for the ensuing year: Dr. E. L. Smith, President; Dr. C. H. Merrick, Vice-President; Dr. J. C. Sundberg, Secretary; and Dr. G. A. Weed, Treasurer. To constitute the Board of Censors, Dr. H. C.

Willison, of Port Townsend, Mary Brown, of Seattle, and C. W. Harvey, of New Tacoma were elected.

After a vote of thanks to the various transportation companies that had courteously reduced the fare for delegates to the society, and also to Drs. Smith & Willard for the use of their office, the meeting adjourned to convene again at Seattle, on the third Wednesday in June, 1884.

#### Mississippi State Medical Association.

The following are the officers for the ensuing year:

*President*—Dr. J. M. Greene, of Aberdeen.  
*Vice-Presidents*—Drs. S. N. Walker, of Baldwin, and D. McCallum, of Westville.  
*Recording Secretary*—Dr. W. E. Todd, of Clinton.  
*Assistant Secretary*—Dr. J. F. Hunter, of Jackson.  
*Corresponding Secretary*—Dr. M. S. Craft, of Jackson.  
*Treasurer*—Dr. Robert Kells, of Jackson.  
*Judicial Council*—Drs. W. D. Carter, J. M. Taylor, N. L. Guice, R. S. Toombs, B. F. D. Hill, J. P. Moore, W. Powell, and D. F. Kittrell.

#### Medical Association of Georgia.

The following are the officers for the coming year:

*President*—Dr. A. W. Calhoun, of Atlanta.  
*Vice-Presidents*—Dr. R. J. Nunn, of Savannah, and Dr. M. P. Deadwiler, of Elberton.  
*Secretary*—Dr. James A. Gray, of Atlanta.  
*Treasurer*—Dr. E. C. Goodrich, of Augusta.  
*Additions to the Board of Censors*—Dr. Eugene Foster, of Augusta, and Dr. J. S. Todd, of Atlanta.  
 Macon is the place of meeting next year.

#### Professor Ellerslie Wallace's Successor.

The Trustees of Jefferson Medical College have elected Professor Theophilus Parvin, of Indianapolis, successor to Professor Ellerslie Wallace in the chair of Obstetrics and Diseases of Women and Children. Professor Parvin is a Delawarean by birth. His mother was the eldest daughter of Cæsar A. Rodney, the Attorney-General of the United States during President Jefferson's administration. He was last year President of the American Medical Association, and is at present a professor in the University at Indianapolis.

#### Items.

- San Francisco has one thousand physicians.
- A painter made a village chemist's sign read—"Physicians' prescriptions carefully confounded."
- The New Jersey State Legislature has passed a law forbidding any person, knowingly, to sell cigarettes or tobacco in any form to any minor under sixteen years of age.
- A case of polyorchism has been observed in Bulgaria, in a farmer eighteen years of age. There were three testicles, two being on the right in the scrotum, one above the other.
- A four years' graded course is soon to be introduced into the Medical School of San Francisco, and every student will have to take it as prescribed.

#### OBITUARY NOTICES.

##### NOAH C. LEVINGS, M. D.

Dr. Noah C. Levings died at his late residence, No. 47 West Ninth street, New York, June 12, of chronic Bright's disease of the kidneys. The deceased was born in Burlington, Vt., March 4, 1824, and was graduated at the Albany Medical College in 1841. He remained in Albany one year after his graduation, when he came to New York city and obtained his degree from the Medical Department of the University of the City of New York in 1843. He then opened an office on Spring street, and began the practice of his profession. In 1849 he went to California, holding the position of ship's surgeon on his outward voyage. He remained on the Pacific Slope six months. Returning to New York, he resumed his medical practice. He was married to the daughter of the late George W. Allen, of New York city, and the lady survives him. He also leaves two children, Dr. Allen Levings, who was graduated from his father's Alma Mater this spring, and Mrs. Albert H. Warren, who was married recently at the earnest request of her deceased father. The doctor had been unable to attend to his night-practice for several years past, but was strong enough to serve his office patients until very recently. He made his last visit on Decoration Day. Interment at Greenwood.

##### WILLIAM E. KENNEDY, M. D.

Dr. William E. Kennedy, one of the oldest and best known of the medical fraternity of New Orleans, died June 10. He was born in New Orleans in 1809. In 1833 he graduated in medicine at the University of Pennsylvania, returning to New Orleans and beginning a practice which he has conducted ever since. He was for many years the partner of the late Dr. Warren Stone in conducting the famous Maison Santé of before the war.

#### MARRIAGES.

DE GROOT—YOUNG.—On June 13, 1883, at the First Presbyterian Church, Stanhope, N. J., by the Rev. C. S. Woodruff, pastor of the Mattison Methodist Episcopal Church, Bayonne City, assisted by the Rev. George Porter, George S. De Groot, M. D., of Mendham, and Miss Ella Young, of Stanhope.

KEITH—DE LISSER.—At home, on Wednesday, June 20, 1883, by the Rev. George Williamson Smith, D. D., Frank L. Keith, M. D., of Bonne Terre, Mo., and Mary Frances, daughter of R. L. De Lissier, of Brooklyn, N. Y.

LLOYD—HINCKLEY.—On Wednesday, June 6, 1883, at South Street Presbyterian Church, Morristown, N. J., by the Rev. Dr. Erdman, Dr. T. Mortimer Lloyd, of Brooklyn, N. Y., and Grace Mary Hinckley, daughter of the late John G. Hinckley.

LOMBARD—COOK.—On Thursday, June 21, at the Church of the Redeemer, New Brighton, Staten Island, by the Rev. Dr. Farley, of Brooklyn, Dr. Warren P. Lombard, of Boston, Mass., and Caroline, daughter of George E. Cook, of New York.

PAINE—JAQUITH.—On June 11, in Andover, Vt., by the Rev. S. B. Eastman, W. L. Paine, M. D., of Stratford, and Mary A. Jaquith, of Andover.

#### DEATHS.

KERR.—In this city, on June 19, 1883, of valvular disease of the heart, Mark G. Kerr, M. D., aged sixty-eight years.

LLOYD.—In Louisville, Ky., on June 15, Dr. H. C. Lloyd, only son of Dr. John Lloyd, deceased, and Mary R. Lloyd, aged thirty-nine years, two months and nineteen days.



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